

2nd and
FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company
will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED

02 AUG 12 PM 8:30

RECEIVED

FILING FEE
\$ 588.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company	DOCUMENT # L98000001622
HISTORICAL ARTIFACTS MUSEUM, L.L.C. 1400 BROADWAY BLVD., SOUTH EAST POLK CITY FL 33868	

1a. Principal Place of Business Address
1400 BROADWAY BLVD., SOUTH E POLK CITY FL 33868

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

3. Date Organized or Qualified	3a. State of Formation
08/04/1998	FL
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
	\$6.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
CORPORATION SERVICE , COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	WEEKS, KERMIT	1400 BROADWAY BLVD., SOUTH	POLK CITY FL
MGR	MARCILLE, DOUG	501 BRICKELL KEY DRIVE	MIAMI FL
MGR	KOUZNETSOV, VICTOR	1400 BROADWAY BLVD., SOUTH	POLK CITY FL
MGR	HEFLIN, TALMADGE	7419 SOUTH KIRKWOOD, SUITE	HOUSTON TX

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11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER